

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.:	<b>SC13055TH</b>
	First Inventor:	Arnaldo R. Cruz
	Title:	COMMUNICATION STEERING FOR USE IN A MULTI-MASTER SHARED RESOURCE SYSTEM
	Express Mail Label No.:	EV182701654US

<b>APPLICATION ELEMENTS</b> <small>(see MPEP chapter 600 concerning utility patent application contents)</small>	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status <small>See 37 CFR 1.27</small>	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence <small>(if applicable, all necessary)</small>
3. <input checked="" type="checkbox"/> Specification [Total Pages <u>31</u> ] <small>(preferred arrangement set forth below)</small>	a. <input type="checkbox"/> Computer Readable Form (CFR)
-Descriptive title of the invention	b. <input type="checkbox"/> Specification Sequence Listing on:
-Cross Reference to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); or
-Statement Regarding Fed sponsored R & D	ii. <input type="checkbox"/> Paper
-Reference to sequence listing, a table, or computer program listing appendix	c. <input type="checkbox"/> Statements verifying identity of above copies
-Brief Summary of the Invention	
-Brief Description of the Drawings (if filed)	
-Detailed Description	
-Claim(s)	
-Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>4</u> ]	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. Oath or Declaration [Total Sheets <u>4</u> ]	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small>	12. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PT-1449 Citations
i. <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small>	13. <input type="checkbox"/> Preliminary Amendment
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>
18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP)    of prior application No. _____ <b>Prior application information:</b> <b>Examiner:</b> _____ <b>Art Unit:</b> _____	15. <input type="checkbox"/> Certified Copy of Priority Document
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
	17. <input checked="" type="checkbox"/> Other: <u>Related Application</u> <u>Docket No. SC12995TH</u>

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP)    of prior application No. _____ <b>Prior application information:</b> <b>Examiner:</b> _____ <b>Art Unit:</b> _____
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For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number		23125	or	<input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State	Zip Code		
Country		Telephone	Fax		
Name	Susan C. Hill		Registration No.	35,896	
SIGNATURE	<i>Susan C. Hill</i>		Date	10/9/03	

031088 U.S. PTO  
10/682558



**FEE  
TRANSMITTAL**

Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT**

**(\$ 1202)**

<i>Complete if Known</i>	
Application Number	
Filing Date	
First Named Inventor	Arnaldo R. Cruz
Examiner Name	
Group Art Unit	
Attorney Docket No.	SC13055TH

**METHOD OF PAYMENT (check all that apply)**

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account Number

**502117**

Deposit Account Name

**Motorola, Inc.**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION**

**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Paid
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	780	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee

**SUBTOTAL (1) (\$ 770)**

**2. EXTRA CLAIM FEES**

Total Claims	Previously Paid**		Extra Claims	Fee from below	Fee Paid
	Large Fee Code	Entity Fee (\$)			
Independent Claims	37	-	20	= 17	X 18 = 306
	4	-	3	= 1	X 86 = 86
Multiple Dependent				290	=

  

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	* Reissue independent claims over original patent
1205	18	2205	9	* Reissue claims in excess of 20 and over original patent

  

**SUBTOTAL (2) (\$ 392)**

\*\* or number previously paid, if greater; For Reissues, see above.

**SUBTOTAL (3) (\$ 40)**

\* Reduced by Basic Filing Fee Paid

**SUBMITTED BY**

Name (Print/Type) **Susan C. Hill**

Registration No. **35,896** Telephone **(512) 996-6839**

Signature 

Date **10/9/03**